## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 10/ 58 | 778 FILING DATE

APPLICANT(S)

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|                        | AS FILED  |                 | AFTER 1"AMENDMENT                                |  | AFTER 2 ** AMENDMENT |  |
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| TOTAL<br>IND.          | _ *   | ♣               |  | # [  |                      | •  |
| TOTAL<br>DEP.          |   | <b>+</b>        |  | <b>←</b> [                                       |                      | <b>←</b>   |
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| TOTAL<br>DEP.   |  | <del>-</del> | <u> </u>     | <b>4</b>     |                           | <b>(</b>   |
| TOTAL<br>CLAIMS |  |              | 28           |              |                           |  |
|                 |  | U.S. DEPART  | MENT of C    | OMMERCE      |                           |  |

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